

AMENDMENT**In the Claims**

The listing of claims below replaces all prior versions and listings of claims.

1. (Currently Amended): A computing system to integrate a defined contribution plan with a health plan comprising:

- a claim processing system;
- a health plan management software module; and
- a defined contribution management software module integrated with the health plan management software module, both the health plan management and defined contribution software modules operable by the claim processing system to:

- create a defined contribution application for the health plan to allow for the entry of information for the defined contribution plan, the defined contribution plan being either a Health Reimbursement Arrangement (HRA) account or a Flexible Spending Account (FSA) account;

- link defined contribution plan information to the health plan; and

- establish allocation rules, amounts, and explanation codes for the defined contribution plan including at least two different user-defined explanation codes for claims disallowed due to the HRA or FSA account being exhausted and at least two different user-defined explanation codes for claims disallowed due to run-out periods being exceeded, for the HRA, determining whether HRA allocated amounts are to be carried over, and, for the FSA, defining parameters including a claim submission method considered during FSA claim processing.

2. (Previously Presented): The computing system of claim 1, further comprising a claim processing defined contribution software module integrated with a health plan claim processing software module, both the health plan claim processing and defined contribution claim processing software modules operable by the claim processing system to:

- perform claim processing; and

- determine a claim payment for a member based on the defined contribution plan.

3. (Previously Presented): The computing system of claim 1, wherein the health plan claim processing and defined contribution claim processing software modules store a record of a claim payment for the defined contribution plan for access by a member, provider, employer, broker or employee of the health plan.

4. (Previously Presented): The computing system of claim 3, further comprising a network interface to couple the claim processing system to a network, wherein a member of the health plan utilizing a computing device accesses a record of a claim payment for the defined contribution plan through the network.

5. (Cancelled).

6. (Previously Presented): The computing system of claim 1, wherein establishing allocation rules, amounts, and explanation codes for the HRA further comprises defining parameters including at least one of copays, deductibles, coinsurance, and patient liability portions that are considered for payment by the HRA during claim processing.

7. (Previously Presented): The computing system of claim 1, wherein establishing allocation rules, amounts, and explanation codes for the HRA further comprises defining a member's allocation amount and tier.

8. (Cancelled).

9. (Cancelled).

10. (Previously Presented): The computing system of claim 1, wherein establishing allocation rules, amounts, and explanation codes for the FSA further comprises defining parameters including an FSA allocation amount that is considered during FSA claim processing.

11. (Currently Amended): A method to integrate a defined contribution plan with a health plan on a computing system, the method comprising:

creating via the computing system a defined contribution application for the health plan to allow for the entry of information for the defined contribution plan, the defined contribution plan being either a Health Reimbursement Arrangement (HRA) account or a Flexible Spending Account (FSA) account;

linking defined contribution plan information to the health plan via the computing system; and

establishing allocation rules, amounts, and explanation codes for the defined contribution plan via the computing system including at least two different user-defined explanation codes for claims disallowed due to the HRA or FSA account being exhausted and at least two different user-defined explanation codes for claims disallowed due to run-out periods being exceeded, for the HRA, determining whether HRA allocated amounts are to be carried over, and, for the FSA, defining parameters including a claim submission method considered during FSA claim processing.

12. (Previously Presented): The method of claim 11, further comprising performing claim processing utilizing the defined contribution plan via the computing system.

13. (Original): The method of claim 12, wherein performing claim processing utilizing the defined contribution plan includes determining a claim payment to a member based on the defined contribution plan.

14. (Previously Presented): The method of claim 13, further comprising storing a record of a claim payment for the defined contribution plan for access by a member via the computing system.

15. (Original): The method of claim 14, wherein a member, provider, employer, broker or employee of the health plan utilizing a computing device accesses a record of the claim payment for the defined contribution plan through a network.

16. (Cancelled).

17. (Previously Presented): The method of claim 11, wherein establishing allocation rules, amounts, and explanation codes for the HRA further comprises defining parameters including at least one of copays, deductibles, coinsurance, and patient liability portions that are considered for payment by the HRA during claim processing.

18. (Previously Presented): The method of claim 11, wherein establishing allocation rules, amounts, and explanation codes for the HRA further comprises defining a member's allocation amount and tier.

19. (Cancelled).

20. (Cancelled).

21. (Previously Presented): The method of claim 11, wherein establishing allocation rules, amounts, and explanation codes for the FSA further comprises defining parameters including an FSA allocation amount that is considered during FSA claim processing.

22. (Currently Amended): A machine-readable medium having stored thereon instructions which, when executed by a machine, cause the machine to perform the following operations comprising:

creating a defined contribution application for the health plan to allow for the entry of information for the defined contribution plan, the defined contribution plan being either a Health Reimbursement Arrangement (HRA) account or a Flexible Spending Account (FSA) account;

linking defined contribution plan information to the health plan; and

establishing allocation rules, amounts, and explanation codes for the defined contribution plan via the computing system including at least two different user-defined explanation codes for claims disallowed due to the HRA or FSA account being exhausted and at least two different user-defined explanation codes for claims disallowed due to run-out periods being exceeded, for the HRA, determining whether HRA allocated amounts are to be carried over, and, for the FSA, defining parameters including a claim submission method considered during FSA claim processing.

23. (Original): The machine-readable medium of claim 22, further comprising performing claim processing utilizing the defined contribution plan.

24. (Original): The machine-readable medium of claim 23, wherein performing claim processing utilizing the defined contribution plan includes determining a claim payment to a member based on the defined contribution plan.

25. (Original): The machine-readable medium of claim 24, further comprising storing a record of a claim payment for the defined contribution plan for access by a member.

26. (Original): The machine-readable medium of claim 25, wherein a member of the health plan utilizing a computing device accesses a record of the claim payment for the defined contribution plan through a network.

27. (Cancelled).

28. (Previously Presented): The machine-readable medium of claim 22, wherein establishing allocation rules, amounts, and explanation codes for the HRA further comprises defining parameters including at least of one copays, deductibles, coinsurance, and patient liability portions that are considered for payment by the HRA during claim processing.

29. (Previously Presented): The machine-readable medium of claim 22, wherein establishing allocation rules, amounts, and explanation codes for the HRA further comprises defining a member's allocation amount and tier.

30. (Cancelled).

31. (Cancelled).

32. (Previously Presented): The machine-readable medium of claim 22, wherein establishing allocation rules, amounts, and explanation codes for the FSA further comprises defining parameters including an FSA allocation amount and a claim submission method that are considered during FSA claim processing.

33. (Previously Presented): The computing system of claim 1, wherein establishing allocation rules, amounts, and explanation codes further comprises defining a family allocation parameter set including maximum allocation amounts, maximum carryover amounts, and deductible amounts for each of a plurality of tier levels including individual, subscriber/spouse, subscriber/spouse plus child, and family.

34. (Previously Presented): The computing system of claim 1, wherein the defined contribution management software module is further operable to display individual claim processing line items including an allowed amount of payment benefit, a disallowed amount of payment benefit, and an amount of benefit paid from the HRA account or the FSA account.